

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin

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May 9, 1931

GUY P. JONES
EDITOR

Tentative Program

Western Branch, American Public Health Association

Seattle, Washington—May 28, 29 and 30, 1931

THURSDAY, May 28

8.00 to 10.00 a.m.

Registration.

10.00 a.m. to 12.00 noon

Opening Meeting—Presiding, Dr. E. T. Hanley, Commissioner of Health, Seattle, Washington, Vice President, Western Branch, American Public Health Association.

Call to Order: Dr. William C. Hassler, City Health Officer, San Francisco, California, President, Western Branch, American Public Health Association.

Invocation: Reverend E. A. Fridell, Seattle, Washington.

Addresses of Welcome: Honorable Frank Edwards, Mayor, Seattle, Washington. Judge King Dykeman, President, Seattle Chamber of Commerce.

Acknowledgment and Presidential Address: Dr. William C. Hassler.

Secretary's Report: Dr. W. P. Shepard, Secretary, Western Branch, American Public Health Association.

Announcements: Dr. E. T. Hanley.

12.30 to 2.00 p.m.

"Get Acquainted Luncheon"—Presiding: Dr. E. T. Hanley.

Self Introductions.

Head Table Introductions: Dr. E. T. Hanley.

Address: "Federal Health Legislation," Hon. W. L. Jones, U. S. Senate.

Address: "The Place of the State University in Public Health Development," Dr. Lyle Spencer, President, University of Washington, Seattle.

2.00 to 5.00 p.m.

Health Education—Presiding: Mrs. Saidie Orr-Dunbar, Executive Secretary, Oregon Tuberculosis Association, Portland.

Address: "Western Public Health Personnel Needs," Dr. Ira V. Hiscock, Committee on Administrative Practice, American Public Health Association, New York City.

Discussions: "Health Education in the Medical School," Dr. H. J. Sears, Professor of Bacteriology, Oregon Medical School, Portland.

"Health Education in the Nursing School," Miss Catherine S. Bastin, Portland School of Social Work, Portland, Oregon.

"Health Education Among Social Workers," Miss Arlien Johnson, Executive Secretary, Seattle Community Fund.

Address: "Nutrition and Dental Caries," Dr. W. H. Cumming, Seattle, Washington.

Discussions: Dr. George A. Barker, Seattle, Washington, President, King County Dental Society.

Dr. Robert Bell, Spokane, Washington, President, Washington State Dental Society.

Dr. Guy S. Millberry, Dean, University of California Dental College, San Francisco, California.

Address: "Mental Hygiene Among School Children," Dr. Glenn E. Myers, President, Southern California Society for Mental Hygiene, Los Angeles, California.

Discussion: Dr. F. T. Trotter, Territorial Health Officer, Honolulu, Hawaii.

Address: "Endocrine Defects in School Children," Dr. E. Kost Shelton, Santa Barbara, California.

Discussion: Dr. Lela J. Beebe, Director, Division of Maternal and Child Hygiene, Health Department, Santa Barbara, California.

5.00 to 6.00 p.m.

Business Meeting. (All Fellows and Members requested to attend)

8.00 to 10.00 p.m.

Public Meeting for Discussing "Medical Economics"—Presiding: Dr. A. E. Anderson, President, Washington Medical Society, Aberdeen.

Address: "Medical Economics from a Chief Executive's Viewpoint," Governor Roland H. Hartley, State of Washington, Seattle.

"The Physician's View of Medical Economics," Dr. H. J. Whitacre, Tacoma, Washington.

"Health Insurance Developments in British Columbia," Dr. H. E. Young, Provincial Health Officer, Victoria, B. C.

FRIDAY, May 29

8.00 to 9.30 a.m.

Committee Meetings.

9.30 a.m. to 12.00 noon

Double Sessions in Epidemiology and Sanitary Engineering. Epidemiology—Presiding: Dr. Giles S. Porter, Director, State Department of Public Health, Sacramento, California.

Address: "Scarlet Fever Control," Dr. A. U. Simpson, Epidemiologist, Washington State Department of Health, Seattle.

Discussions: Dr. Herman S. Judd, Tacoma, Washington.

Dr. F. L. Watkins, Cascade County Health Officer, Great Falls, Montana.

Dr. W. A. Pettit, City Epidemiologist, Department of Health, Salt Lake City, Utah.

Address: "Infantile Paralysis," Dr. Fred T. Foard, Acting Assistant Surgeon, U. S. Public Health Service, Santa Barbara, California.

Discussions: Opened by Dr. George H. Roth, Epidemiologist, Los Angeles County Health Department.

Dr. George Parrish, City Health Officer, Los Angeles, California.

Dr. William C. Hassler, City Health Officer, San Francisco, California.

Dr. Edward B. Shaw, San Francisco, Calif.

Address: "State Board of Health Certification of Public Health Laboratories," Dr. W. H. Kellogg, Director, State Hygienic Laboratory, University of California, Berkeley.

Discussion: Dr. William Levin, Director of Laboratory, U. S. Public Health Service, Oregon State Department of Health, Portland.

9.30 a.m. to 12.00 noon

Sanitary Engineering—Presiding: Mr. Carl E. Green, State Sanitary Engineer, State Department of Health, Portland, Oregon.

Address: "Sanitary Control of Shellfish," Mr. H. W. Nightingale, State Sanitary Engineer, State Department of Health, Seattle, Washington.

Address: "Modern Municipal Drinking Water Safeguards" (To be Announced).

Discussion: (To be Announced).

Address: "Sanitation in the Western National Parks," M. H. B. Hammon, Sanitary Engineer, U. S. Public Health Service, San Francisco, California.

Discussion: (To be Announced).

Address: "Stream Pollution in Relation to Foods," A. D. Butler, Spokane, Washington.

12.30 to 2.00 p.m.

Roundtable Discussions.

Tuberculosis—Presiding: Mrs. B. B. Buchanan, Executive Secretary, Washington Tuberculosis Association, Seattle.

Address: "Some Aspects of Tuberculosis Research," Dr. John Weinzirl, Professor of Bacteriology and Director, Alice McDermott Foundation, University of Washington, Seattle.

Discussion: Dr. Charles K. Vidal, Superintendent, State Sanatorium, Galen, Montana.

Address: "The Early Diagnosis Campaign," Dr. Kendall Emerson, Managing Director, National Tuberculosis Association, and Acting Executive Secretary, American Public Health Association, New York City.

Discussion: Mrs. Catherine R. Athey, Executive Secretary, Idaho Tuberculosis Association, Boise.

2.00 to 6.00 p.m.

Inspection Trips to Points of Health Interest Throughout the City.

6.30 p.m.

Annual Dinner—Presiding: Dr. William C. Hassler.

Report of the Resolutions Committee.

Address: (Subject to be Announced), Dr. Kendall Emerson, Acting Executive Secretary, American Public Health Association, New York City.

Address: (Subject to be Announced), Dr. LeRoy Wilkes, Director of Medical Service, American Child Health Association, New York City.

SATURDAY, May 30

8.00 to 10.00 a.m.

Business Meeting.
Election of Officers.

10.00 a.m. to 12.00 noon

Double Sessions on Health Department Practice and Food and Dairy Control.

Health Department Practice—Presiding: Dr. Frederick D. Stricker, State Health Officer, Portland, Oregon.

Address: "Report of the Special Committee on Tick Fever, Western Branch, American Public Health Association," Dr. W. F. Cogswell, Secretary, State Department of Health, Helena, Montana.

Discussion: Dr. Edward E. Hamer, State Health Officer, Carson City, Nevada.

Address: "The Prevention of Congenital Syphilis as a Public Health Problem," Dr. Walter Clarke, Director, Division of Medical Measures, American Social Hygiene Association, New York City.

Discussion: Dr. W. Christopherson, Health Commissioner, Salt Lake City, Utah.

Dr. Ralph Hendricks, City Health Officer, Spokane, Washington.

Dr. E. T. Hanley, Commissioner of Health, Seattle, Washington.

Address: "Health Department Nursing by a Visiting Nurse Association," Mrs. Kathryn Schulken, Superintendent of the Visiting Nurse Association, Denver, Colorado.

Discussion: Dr. B. B. Jaffa, Manager of Health and Charities, Denver, Colorado.

Dr. George Parrish, City Health Officer, Los Angeles, California.

Dr. Walter H. Brown, Department of Hygiene for Men, Stanford University, Palo Alto, California.

Address: "New Trends in Public Health Nursing," Dr. Edith S. Bryan, Assistant Professor of Public Health Nursing, University of California, Berkeley.

Discussion: Miss Margaret Kerr, Department of Nursing and Health, University of British Columbia, Vancouver, B. C.

10.00 a.m. to 12.00 noon

Food and Dairy Control—Address: "Desirable Features of the Standard Milk Ordinance," Mr. J. R. Jennings, Chief, Dairy Division, Department of Public Utilities, City Health Department, Portland, Oregon.

"Problems Involved in Adapting a Standard Milk Ordinance to a Local Milk Problem," M. E. McDonald, Chief, Bureau of Dairy Control, State Department of Agriculture, Sacramento, California.

"The Viewpoint of the Milk Industry Toward a Standardization of Its Problems," Mr. Sam H. Greene, Secretary-Manager, California Dairy Council, San Francisco, California.

"How to Meet the Demands of Public Health for the Eradication of Bovine Tuberculosis," J. J. Frey, Field

Manager Golden State Company, Ltd., San Francisco, California.

Discussion: Dr. Robert A. Pryor, Supervisor Dairy and Live stock, State Department of Agriculture, Olympia, Washington.

Discussion: Dr. F. E. Smith, Chief, Dairy Division, State Department of Health, Seattle, Washington.

Professor Sims, Oregon Agricultural College, Corvallis.

12.30 to 2.00 p.m.

Roundtable Discussions.

Child and Maternal Hygiene—Presiding: Mrs. Elizabeth S. Soule, Head, Department of Nursing Education, University of Washington, Seattle.

Address: "Effectiveness of Prenatal Supervision," Dr. C. J. McCusker, Portland, Oregon.

Health Department Surveys—Presiding: Dr. F. D. Stricker, State Health Officer, Portland, Oregon.

Address: "Benefits of Health Department Surveys," Dr. Ira V. Hiscock, Committee on Administrative Practice, American Public Health Association, New York City.

2.00 to 4.00 p.m.

Address: "Training of Health Department Personnel," Dr. John A. Ferrell, Associate Director, The Rockefeller Foundation, International Health Division, New York City.

"Full-time County Health Departments," Dr. L. L. Lumsden, Assistant Surgeon General, U. S. P. H. S., Washington, D. C.

"Western State Boards of Health," Dr. P. W. Covington, Representative in Western United States, The Rockefeller Foundation, International Health Division, Salt Lake Utah.

"Remuneration of Health Department Personnel," Dr. A. J. Chesley, Minnesota State Health Officer, St. Paul.

4.00 to 6.00 p.m.

Closing Business Meeting.

ALHAMBRA WINS HIGHEST HONORS

Alhambra has been designated as "the healthiest small city in the United States" and has won a national championship in the interchamber health conservation contest, in cooperation with the American Public Health Association. This was Alhambra's second year in the competition; last year this city won second place. Alhambra was the only city west of the Mississippi to win a place in the competition.

One hundred forty-nine cities were in the contest and the phases of health conservation considered included water supply, sewage disposal, protection of milk and food supplies, preventive measures, medical conferences and clinics, programs for child welfare, support of local health work by official and unofficial agencies and school health programs.

For the commendable showing made by Alhambra much of the credit is due to the efforts of Dr. S. J. Stewart, Alhambra District Health Officer, and to Dr. John L. Pomeroy, Health Officer of Los Angeles County.

CHANGES AMONG HEALTH OFFICERS

Dr. O. I. Bemis has succeeded Dr. L. M. Coulter as Health Officer of Stanislaus County. He assumed the office May 1st.

Mr. S. F. Butler, who has been City Health Officer of Salinas for many years, resigned the office on April 30th. He is succeeded by Miss Marie Fidel, Public Health Nurse.

THE AFTER-CARE OF INFANTILE PARALYSIS CASES

By HAROLD D. BARNARD, M.D., Associate Chief of Staff Orthopedic Hospital Los Angeles, California.

The end results expressed in percentages of recovery of function following infantile paralysis, depends chiefly upon two factors: First, the extent of damage to the nerve cells in the anterior horn of the cord at the time of the original infection, and second, the type of after-care to which these unfortunate individuals are subjected. The majority of these patients, fortunately, do not show a total destruction of these nerve centers, the nerve cells being only partially affected, in spite of the fact that the muscle group supplied from this center may show total inactivity in the initial stage. If this muscle group is immobilized and given complete, continuous and uninterrupted physiological rest in a neutral position over a sufficient length of time, then gradually reeducated, all of the possible recovery will take place and the maximum restoration of function occur. If, on the other hand, the case is denied the intelligent application of the above mentioned basic principles, it very often happens that a stretch paralysis is superimposed upon a neuromuscular paralysis and recovery is either retarded or permanently prevented. It is very common to see in the metropolitan centers, cases in which neglect has resulted in the sacrifice of a large portion of possible repair, and cases in which either the original condition was entirely unrecognized or the importance of the general underlying fundamental principles of the after-treatment were likewise not understood. *Most paralytic deformities are preventable.*

It has been the pleasure of the undersigned to see a complete foot drop, resulting from poliomyelitis and neglect of splinting and protection which added a stretch paralysis to a neuromuscular paralysis, recover approximately one hundred per cent function after a few months of proper treatment, in spite of the fact that several years had elapsed between the onset of disease and beginning of treatment. It is a well known fact that probably the majority of cases of infantile paralysis are of the abortive variety, and next in frequency, those resulting in a comparatively small amount of paralysis. A very appreciable percentage of the scoliosis cases seen in the orthopedic clinics are unquestionably the result of unrecognized infantile paralysis.

It is very difficult for patients to appreciate the fact that if a muscle group is strong enough to accomplish a certain function, that there could be an element of abuse present in overtaxing its power by repeatedly going through this motion. Use of a partially paralyzed muscle group is only beneficial up to a point of physiological fatigue, at which point further and continued activity produces retrograde change. A partially paralyzed patient who can walk one block without overtaxing a limited musculature can unquestionably entirely neutralize the benefits of the exercise by walking a second block.

Probably the most valuable single method of reeducating partially paralyzed muscle groups is the under-

water gymnasium. The rapidity with which improvement becomes evident in these patients fortunate enough to have the benefit of such a pool is sometimes amazing. The benefit, however, is again in direct proportion to the finesse with which the prescribed movements are selected and supervised. The general activity of a child, as in swimming, has no particular benefit, because left to their own resources, they will develop the remaining active groups, resulting in further disproportion with those affected in the paralysis. Partially paralyzed muscle groups operate absolutely under the law of supply and demand and will improve only when a proper conservation is adhered to.

From braces which have an important phase in the proper care of partially paralyzed muscles, come two great benefits: First, and perhaps the most important, is the maintenance of proper position by which a partially paralyzed group of muscles is not overbalanced by a comparatively stronger group which has been fortunate enough to escape the destructive influence of the causative agent of infection. Secondly, the mechanical help possible to obtain from the braces. In the early stages, the first is by far more important.

It is not uncommon to observe under proper treatment, functional improvement over a period of two, or even more, years following the inception of the disease, and the surgical reconstructive measures are seldom justifiable under eighteen months, or until sufficient time has elapsed under proper treatment, to allow an accurate estimation of the actual residual paralysis to be made.

SOCIAL WORKERS MEET MAY 17-21

The California Conference of Social Work will meet in Berkeley May 17-21 and May 27-31, as published in the Weekly Bulletin of April 25.

MORBIDITY*

Diphtheria.

80 cases of diphtheria have been reported, as follows: Berkeley 1, Butte County 1, Angels Camp 1, El Cerrito 2, Fresno County 8, Fresno 26, Los Angeles County 4, Alhambra 1, Inglewood 1, Los Angeles 19, Whittier 1, Sacramento 2, San Diego 1, San Francisco 3, Santa Maria 7, Tehama County 1, Yuba County 1.

Scarlet Fever.

158 cases of scarlet fever have been reported, as follows: Oakland 8, Gridley 1, Fresno County 6, Los Angeles County 22, Alhambra 4, El Monte 1, Glendale 2, Long Beach 3, Los Angeles 32, Whittier 1, South Gate 8, Monterey Park 1, Placer County 1, Auburn 1, Plumas County 3, Riverside County 1, Sacramento 1, San Bernardino County 1, San Diego County 2, San Diego 2, San Francisco 9, San Joaquin County 2, San Mateo County 1, Santa Barbara County 4, Lompoc 1, Santa Barbara 27, San Jose 2, Watsonville 1, Siskiyou County 1, Tulare County 2, Exeter 1, Ventura 1, Ojai 3, Davis 2.

Influenza.

88 cases of influenza have been reported, as follows: Oakland 1, Richmond 1, Los Angeles County 6, Arcadia 2, Compton 1, El Monte 1, Long Beach 1, Los Angeles 31, Monrovia 2, Santa Monica 1, Whittier 2, Bell 1, Grass Valley 1, Plumas County 5,

* From reports received on May 4th and 5th for week ending May 2d.

Sacramento County 1, Sacramento 1, San Diego 1, San Francisco 12, Siskiyou County 12, Ventura County 4, Santa Paula 1.

Measles.

1297 cases of measles have been reported, as follows: Alameda County 5, Alameda 11, Albany 7, Berkeley 138, Hayward 3, Livermore 2, Oakland 62, Colusa County 2, Colusa 1, Contra Costa County 3, Fresno County 61, Fresno 52, Reedley 2, Sanger 3, Orland 1, Callexico 1, Bakersfield 1, Kings County 23, Lake County 1, Los Angeles County 41, Alhambra 3, Beverly Hills 8, Burbank 10, Compton 9, Glendale 38, Huntington Park 2, Inglewood 1, Long Beach 20, Los Angeles 142, Pomona 3, San Fernando 5, San Gabriel 1, Santa Monica 2, Sierra Madre 1, Whittier 3, Lynwood 2, Hawthorne 1, Bell 2, Madera County 37, Madera 4, Ross 1, Gustine 3, Monterey County 12, Carmel 1, King City 2, Monterey 3, Salinas 35, Soledad 1, Orange County 18, Anaheim 1, Fullerton 1, Orange 7, Santa Ana 12, Placentia 3, Plumas County 2, Riverside County 1, Riverside 12, Sacramento 52, Hollister 1, San Bernardino County 2, Colton 2, Redlands 9, San Bernardino 4, San Diego County 46, Chula Vista 7, La Mesa 4, National City 23, San Diego 96, San Francisco 49, San Luis Obispo County 13, Paso Robles 19, San Luis Obispo 2, San Mateo County 1, San Mateo 8, Santa Barbara County 10, Santa Maria 15, Santa Clara County 2, Palo Alto 3, San Jose 3, Watsonville 1, Siskiyou County 1, Sonoma County 1, Stanislaus County 15, Modesto 1, Turlock 1, Tehama County 2, Dinuba 3, Lindsay 1, Ventura County 48, Fillmore 3, Santa Paula 1, Ojai 1, Yolo County 18.

Smallpox.

45 cases of smallpox have been reported, as follows: Jackson 1, Los Angeles County 9, Huntington Park 1, Los Angeles 12, Monterey Park 1, Madera County 1, Salinas 5, Santa Clara County 1, Tehama County 4, Exeter 1, Visalia 4, Sonora 1, Yolo County 1, Yuba County 3.

Typhoid Fever.

14 cases of typhoid fever have been reported, as follows: Berkeley 3, Richmond 1, Los Angeles 2, Sacramento County 3, San Bernardino County 2, Sonoma County 1, Yolo County 1, California 1.**

Whooping Cough.

305 cases of whooping cough have been reported, as follows: Alameda 4, Albany 3, Berkeley 16, Oakland 16, San Leandro 3, El Cerrito 1, Hercules 1, Martinez 2, Pinole 1, Fresno County 4, Fresno 1, Callexico 1, Los Angeles County 17, Compton 2, Glendale 3, Huntington Park 2, Los Angeles 29, Monrovia 3, Redondo 1, San Gabriel 3, San Marino 1, Santa Monica 3, South Gate 1, Bell 1, Madera County 2, Madera 1, Mill Valley 1, Orange County 2, Fullerton 1, Santa Ana 2, La Habra 1, Plumas County 4, Riverside 5, Sacramento 35, San Diego County 10, San Diego 2, San Francisco 58, San Joaquin County 12, Lodi 2, Stockton 8, Tracy 1, San Luis Obispo County 9, San Mateo 1, Santa Barbara County 4, Lompoc 1, Santa Barbara 1, Los Gatos 1, Palo Alto 10, San Jose 1, Vallejo 2, Stanislaus County 8, Oxnard 1.

Meningitis (Epidemic).

8 cases of epidemic meningitis have been reported, as follows: Los Angeles County 1, Long Beach 1, Santa Monica 1, Madera County 1, Sacramento 1, San Diego 1, Siskiyou County 2.

Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Los Angeles 2, Riverside 1, Oxnard 1.

Septic Sore Throat.

Riverside reported one case of septic sore throat.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending May 2 received by May 5	Week ending			Reports for week ending May 3 received by May 6
	April 11	April 18	April 25		April 12	April 19	April 26	
Chickenpox	577	631	511	556	668	361	516	446
Coccidioidal Granuloma	0	0	0	0	1	0	1	0
Diphtheria	73	52	60	80	70	48	52	43
Dysentery (Amoebic)	1	0	2	0	0	2	3	6
Dysentery (Bacillary)	2	0	4	4	0	0	4	1
Encephalitis (Epidemic)	0	0	1	0	2	0	2	0
Erysipelas	22	25	18	42	21	13	21	6
Food Poisoning	0	14	11	0	1	2	3	20
German Measles	22	33	49	17	15	11	24	21
Gonococcus Infection	106	134	105	146	156	113	120	85
Hookworm	0	0	0	0	0	0	0	2
Influenza	101	78	277	88	23	18	22	15
Jaundice (Epidemic)	5	0	2	0	0	0	0	0
Leprosy	1	2	1	0	1	0	0	0
Malaria	0	2	0	0	2	1	0	3
Measles	1,568	1,492	1,583	1,297	2,694	1,851	2,614	2,053
Meningitis (Epidemic)	7	4	7	8	11	11	8	4
Mumps	381	348	359	259	1,007	534	762	846
Ophthalmia Neonatorum	0	1	0	0	0	0	0	0
Paratyphoid Fever	0	0	0	0	2	1	0	1
Pellagra	3	2	2	3	2	3	3	1
Pneumonia (Lobar)	52	57	34	46	62	40	54	48
Poliomyelitis	4	5	7	4	3	0	3	4
Rabies (Animal)	32	16	17	19	10	18	20	20
Rocky Mt. Sptd. Fever	0	0	0	0	0	0	0	3
Scarlet Fever	135	173	160	158	165	151	156	133
Smallpox	46	54	55	45	151	85	98	50
Syphilis	184	184	149	210	194	178	144	132
Tetanus	0	3	0	0	1	0	0	1
Trachoma	1	0	1	7	5	9	2	1
Trichinosis	2	1	0	0	7	4	2	0
Tuberculosis	206	251	202	215	220	254	188	184
Typhoid Fever	10	11	11	14	6	16	12	13
Undulant Fever	4	0	2	0	0	1	2	1
Whooping Cough	417	401	406	305	271	171	283	272
Septic Sore Throat	7	10	9	1	0	0	0	0
Totals	3,969	3,984	4,045	3,524	5,771	3,896	5,119	4,415

Most reportable diseases are less prevalent.

Diphtheria shows a slight increase.

Measles fell off almost 25 per cent.

Rabies in animals still causes concern.